

Please type a plus sign (+) inside this box → +

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 31976-170659

First Inventor Berthold MAIWALD

Title METHOD OF AND APPARATUS FOR APPLYING ADHESIVE TO
WEBS OF WRAPPING MATERIAL

Express Mail Label No

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 89]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the invention
 - Brief Summary of the invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 6]
5. Oath or Declaration [Total Pages 2]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for a continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of
(when there is an assignee) Attorney
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure ☒ Copies of IDS
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☒ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35
or its equivalent.
17. ☐ Other:

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: _____ /

Prior application information: Examiner _____

Group / Art Unit:

For **CONTINUATION** or **DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

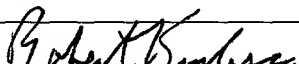
☒ Customer Number or Bar Code Label

PATENT TRADEMARK OFFICE

or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

| | | | | | |
|---------|--|-----------|--------------|----------|--------------|
| Name | VENABLE, BAETJER, HOWARD & CIVILETTI, L.L.P. | | | | |
| Address | P.O. Box 34385 | | | | |
| City | Washington | State | D.C. | Zip Code | 20043-9998 |
| Country | USA | Telephone | 202.962.4800 | Fax | 202.962.8300 |

| | | | |
|-------------------|---|-----------------------------------|---------|
| Name (Print/Type) | Robert Kinberg | Registration No. (Attorney/Agent) | 26,924 |
| Signature |  | Date | 4/20/01 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| FEE TRANSMITTAL for FY 2001 | | Complete if Known | | |
|---|------|----------------------|---------------------|--------------|
| | | Application Number | | |
| Patent fees are subject to annual revision. | | Filing Date | | |
| | | First Named Inventor | Berthold MAIWALD | |
| | | Examiner Name | | |
| | | Group / Art Unit | | |
| TOTAL AMOUNT OF PAYMENT | (\$) | 1378 | Attorney Docket No. | 31976-170659 |

| METHOD OF PAYMENT (check one) | | FEE CALCULATION (continued) | |
|--|-----------------------|-----------------------------------|-----------------------|
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: | | 3. ADDITIONAL FEES | |
| Deposit Account Number | 22-0261 | Large Entity Fee Code | Small Entity Fee Code |
| Deposit Account Name | Venable | 105 130 | 205 65 |
| <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 | | 127 50 | 227 25 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | 139 130 | 139 130 |
| 2. <input checked="" type="checkbox"/> Payment Enclosed: | | 147 2,520 | 147 2,520 |
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other | | 112 920* | 112 920* |
| FEE CALCULATION | | 113 1,840* | 113 1,840* |
| 1. BASIC FILING FEE | | 115 110 | 215 55 |
| Large Entity Fee Code | Small Entity Fee Code | 116 390 | 216 195 |
| 101 710 | 201 355 | 117 890 | 217 445 |
| 106 320 | 206 160 | 118 1,390 | 218 695 |
| 107 490 | 207 245 | 128 1,890 | 228 945 |
| 108 710 | 208 355 | 119 310 | 219 155 |
| 114 150 | 214 75 | 120 310 | 220 155 |
| SUBTOTAL (1) | | 121 270 | 221 135 |
| (\$ 710) | | 138 1,510 | 138 1,510 |
| 2. EXTRA CLAIM FEES | | 140 110 | 240 55 |
| Total Claims | 46 | 141 1,240 | 241 620 |
| Independent Claims | 5 | 142 1,240 | 242 620 |
| Multiple Dependent | | 143 440 | 243 220 |
| Extra Claims | | 144 600 | 244 300 |
| Fee from below | | 122 130 | 122 130 |
| Fee Paid | | 123 130 | 123 130 |
| 26 X 18 = 468 | | 126 180 | 126 180 |
| 5 X -3 = 2 | | 581 40 | 581 40 |
| 2 X 80 = 160 | | 146 710 | 246 355 |
| X = 0 | | 149 710 | 249 355 |
| Large Entity Fee Code | | 179 710 | 279 355 |
| Small Entity Fee Code | | 169 900 | 169 900 |
| 103 18 | | Other fee (specify) | |
| 102 80 | | *Reduced by Basic Filing Fee Paid | |
| 104 270 | | SUBTOTAL (3) | |
| 109 80 | | (\$ 40) | |
| 110 18 | | | |
| SUBTOTAL (2) | | | |
| (\$ 628) | | | |
| **or number previously paid, if greater; For Reissues, see above | | | |

| SUBMITTED BY | | Complete (if applicable) | |
|-------------------|-----------------------|---------------------------------|--------------|
| Name (Print/Type) | Robert Kinberg | Registration No. Attorney/Agent | 26,924 |
| Signature | <i>Robert Kinberg</i> | Telephone | 202.962.4800 |
| | | Date | 4/20/01 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.